



Manila Form No. 102  
(Revised January 1983)

(To be accomplished in quadruplicate)

# Republic of the Philippines CERTIFICATE OF LIVE BIRTH

(To be completed, accurately and legibly. Use ink in typewriter.  
Place X before the appropriate answer in items 2, 8a, 8b and 10a.)

Province _____		Registry No. <u>109378</u>	
City/Municipality _____			
1. NAME (First) (Middle) (Last) <u>BARA PATRICIA B. DILLOY</u>			
2. SEX <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female		3. DATE OF BIRTH (day) (month) (year) <u>7 Nov 1995</u>	
4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution) (City/Municipality) (Province) <u>1000 Pagsanjan St., Sampaloc, Manila</u>			
5a. TYPE OF BIRTH <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet, etc.		b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Others, Specify _____	
c. BIRTH ORDER (live births and fetal deaths including this delivery) 1st (first, second, third, etc.)		d. WEIGHT AT BIRTH <u>2600</u> grams	
6. MAIDEN NAME (First) (Middle) (Last) <u>Dannabel Danila Dilloy</u>			
7. CITIZENSHIP <u>Phil</u>		8. RELIGION <u>BO</u>	
9a. Total number of children born alive <u>1</u>		b. No. of children still living including this birth <u>1</u>	
10. OCCUPATION <u>HK</u>		11. Age at the time of this birth <u>51</u> years	
12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <u>1000 Pagsanjan St., Sampaloc, Manila</u>			
13. NAME (First) (Middle) (Last) <u>n/a</u>			
14. CITIZENSHIP <u>n/a</u>		15. RELIGION <u>n/a</u>	
16. OCCUPATION <u>n/a</u>		17. Age at the time of this birth <u>n/a</u> years	
18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.) <u>Not Applicable</u>			
19a. ATTENDANT <input checked="" type="checkbox"/> 1. Physician <input type="checkbox"/> 2. Nurse <input type="checkbox"/> 3. Midwife <input type="checkbox"/> 4. Healer (Traditional Midwife) <input type="checkbox"/> 5. Others (Specify) _____			
19b. CERTIFICATION OF BIRTH I hereby certify that I attended the birth of the child who was born alive at <u>12:35</u> o'clock <u>PM</u> on the date stated above.			
Signature _____ Name in Print <u>DR. RAYMOND M. NO</u> Title or Position <u>Physician</u>		Address _____ Date <u>11/8/95</u>	
20. INFORMANT Signature _____ Name in Print <u>DOUGLAS S. DILLOY</u> Relationship to the child <u>Mother</u>		Address <u>1000 Pagsanjan St. Sampaloc</u> Date <u>11/8/95</u>	
21. PREPARED BY Signature _____ Name in Print <u>DR. RAYMOND M. NO</u> Title or Position _____ Date <u>11/8/95</u>		22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR Signature _____ Name in Print <u>ATY. LUCENA C. DAZAR</u> Title or Position _____ Date <u>DEC 1 1995</u>	

REMARKS/ANNOTATION

FOR OURS USE ONLY  
Population Statistics Div.

TO BE FILED UP AT THE  
OFFICE OF THE CIVIL  
REGISTRAR

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06963-2E-144SMM-01136-BI002

BEST POSSIBLE IMAGE



144SMM-01136-BI002

BREN  
03900-A95X709-0

Documentary  
Stamp Tax Paid

*Lisa Grace S. Bersales*  
LISA GRACE S. BERSALES, Ph.D.  
National Statistician and Civil Registrar General  
Philippine Statistics Authority



Municipal Form No. 102  
(Revised January 1993)

(To be accomplished in quadruplicate)

Republic of the Philippines  
**CERTIFICATE OF LIVE BIRTH**

(Fill out completely, accurately and legibly. Use ink or typewriter.  
Place X before the appropriate answer in Items 2, 5a, 5b and 10a.)

Province \_\_\_\_\_  
City/Municipality \_\_\_\_\_

Registry No. 10377

REMARKS/ANNOTATION

C H I L D	1. NAME (First) (Middle) (Last) <b>RAFA PATRICIA B. DILLO</b>		
	2. SEX <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female	3. DATE OF BIRTH (day) (month) (year) <b>7 Nov 1995</b>	
	4. PLACE OF BIRTH (Name of Hospital/Clinic/Institution/ House No., Street, Barangay) (City/Municipality) (Province) <b>1060 Faquita St., Sampaloc, Manila</b>		
	5a. TYPE OF BIRTH <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet, etc. b. IF MULTIPLE BIRTH, CHILD WAS <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Others, Specify _____		
M O T H E R	c. BIRTH ORDER (live births and fetal deaths including this delivery) 1st (first, second, third, etc.)		d. WEIGHT AT BIRTH <b>2600</b> grams
	6. MAIDEN NAME (First) (Middle) (Last) <b>Dornabel Benita Dillo</b>		
	7. CITIZENSHIP <b>Phil</b> 8. RELIGION <b>BO</b>		
	9a. Total number of children born alive <b>1</b> b. No. of children still living including this birth <b>1</b> c. No. of children born alive but are now dead <b>0</b>		
F A T H E R	10. OCCUPATION <b>HE</b>		11. Age at the time of this birth <b>31</b> years
	12. RESIDENCE (House No., Street, Barangay) (City/Municipality) (Province) <b>1060 Faquita St., Sampaloc, Manila</b>		
	13. NAME (First) (Middle) (Last) <b>n/a</b>		
	14. CITIZENSHIP <b>n/a</b> 15. RELIGION <b>n/a</b>		
16. OCCUPATION <b>n/a</b> 17. Age at the time of this birth <b>n/a</b> years			

18. DATE AND PLACE OF MARRIAGE OF PARENTS (If not married, accomplish Affidavit of Acknowledgment/Admission of Paternity at the back.)

Not Applicable

19a. ATTENDANT ☒ 1 Physician ☐ 2 Nurse ☐ 3 Midwife ☐ 4 Healer (Traditional Healer) ☐ 5 Others (Specify \_\_\_\_\_)

19b. CERTIFICATION OF BIRTH  
I hereby certify that I attended the birth of the child who was born alive at **12:35** o'clock **PM** on the date stated above.

Signature \_\_\_\_\_ Address \_\_\_\_\_  
Name in Print **DR. RAFAEL S. DILLO**  
Title or Position **Physician** Date **11/8/95**

20. INFORMANT  
Signature \_\_\_\_\_ Address **1060 Faquita St Sampaloc**  
Name in Print **DOMINIC S. DILLO**  
Relationship to the child **Mother** Date **11/8/95**

21. PREPARED BY  
Signature \_\_\_\_\_  
Name in Print **ANGEL S. BANG**  
Title or Position \_\_\_\_\_ Date **11/8/95**

22. RECEIVED AT THE OFFICE OF THE CIVIL REGISTRAR  
Signature \_\_\_\_\_  
Name in Print **ANGEL S. BANG**  
Title or Position \_\_\_\_\_ Date **DEC 1 1995**

FOR OFFICE USE ONLY:  
Population Reference No.TO BE FILLED UP AT THE  
OFFICE OF THE CIVIL  
REGISTRAR41 **9593725**48 **1**49 50 **2 071175**55 **37081**61 **1**62 64 **21 2600**65 **1**66 68 **1 1**69 70 72 74 **01 01 21**75 76 78 **220 21**81 **37065**86 87 **23**88 91 **1111 111**93 **1111 111**94 **100675**

06963-2E-144SMM-01136-BI002

BEST POSSIBLE IMAGE



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